



Vendor/Supplier Survey

Section 1: Vendor/Supplier Information

Vendor/Supplier Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number of Years In Business: _____ Onsite Survey Self Survey

Phone: _____ Fax: _____ Web Site: _____ E-mail: _____

Section 2: Check all that apply and give brief description

Repair Service: _____

Product Supplier: _____

Manufacturing/OEM: _____

Distributor: _____

Section 3: List all process Capabilities by Mil or Manufacture Process Specification Number

If you are ISO 9001 certified, TS16949 certified, or third party approved, just complete and verify the information in sections 1, 2, 3 & 6, and provide Zippertubing with a copy of your Certification.

All others who are not certified must complete sections 1 through 6 of this survey.

Section 4: Quality Assurance

	Yes	NO	N/A
Do you have a documented Quality Assurance Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented Quality Assurance Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a document for maintaining, tracking and updating QA Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are QA organizations authorities and responsibilities clearly defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does QA organization clearly have the authority to with hold items that do not meet quality standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the QA Manual and/or inspection plan approve by company management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the QA organization have direct access to appropriate levels of management so quality conflicts can be resolved and corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a written internal audit system process in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 4: Quality Assurance Continued

	Yes	NO	N/A
Does the QA organization train employees in acceptable QA methods and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there ample QA personnel to maintain control of quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the QA organization have a documented system in place for quality auditing of vendors/suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the QA organization require that vendors/suppliers have an adequate Quality Assurance Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your QA organization periodically inspect stock rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have written procedure for controlling engineering documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the QA organization maintain control over calibration of inspection equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the QA organization maintain control over tooling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are measuring devices, gages and other equipment available for inspection and shop personnel, and are they calibrated and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a receiving inspection program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do receiving inspection records indicate acceptance or rejection of incoming material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are incoming materials identified to acceptable purchase order or material certifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have a secure bond/quarantine area for discrepant material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records maintained to reflect vendors/suppliers, manufacture or repair facility quality performance rating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is inventory rotated on a first in, first out (FIFO) cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility maintain control for customer supplied material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have a shelf life material control program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility perform in-process inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: List Major Customer

Section 6: Person completing supplier/vendor survey.

Name: _____ Title: _____ Date: _____

Internal use only.

Approved By: _____ Title: _____ Date: _____

Disapproved By: _____ Title: _____ Date: _____